#### DRUID HILLS CITY COUNCIL MEETING

# TREASURER'S REPORT August 14, 2017

- As of July 31, 2017, the City has a total \$215,510.34 in cash assets. This includes \$210,366.79 in the General Fund and \$5,143.55 in the Road Fund.
   Details of revenues and expenditures through July 31, 2017 are on pages 2-4.
- The following annual insurance policy premium payments were made in July:

Type	Limit per Occurrence	Annual Premium
General Liability	\$1,000,000.00	\$2,000.00
Officials Liability	\$1,000,000.00	\$2,000.00
<b>Business Auto Liab</b>	oility \$1,000,000.00	\$163.00
Worker's Comp	\$4,000,000.00	\$611.17

The annual premium payment (\$2,400) for the surety bond covering the Mayor, Assistant Mayor and Treasurer (which protects the City against fiscal malfeasance) is due in March 2018.



x         \$0.00         \$0.	Actual 2017 - 2018 as of 07/31/2017  REVENUES Property Tax - Residents Investment Income - General Fund Investment Income - Road Fund Investment Income - Road Fund Investment Income - Road Fund Municipal Aid Coal & Mineral Sev Tax Cable Franchise Fee Miscellaneous- From Fund Reserves X Cable Franchise Fee X Auditor Sanitation Utilities Insurance Property Tax Bill - PVA Membership and Dues Carden Club Snow Removal - Streets Snow Removal - Streets Snow Removal - Streets Capital Outlay - Roads Tree Maintenance Program Tree Maintenance Program Tree Maintenance Program	General Fund	Road Fund ** * * * * * * * * * * * * * * * * *	\$2,415.32 \$8.91 \$8.91 \$8.91 \$8.92 \$0.00 \$170.95 \$0.00 \$2,50.00 \$2,50.00 \$2,50.00 \$2,50.00 \$0.00 \$2,50.00 \$0.	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	2017 - 2018 ACTUAL 17 - 18 \$0.00 \$2,415.32 \$8.91 \$8.91 \$0.00 \$170.95 \$0.00 \$5,000 \$5,171.74 \$0.00 \$5,000	\$45,931.16 \$45,931.16 \$25,565.00 \$110.00 \$110.00 \$2,000.00 \$2,000.00 \$1,775.00 \$1,775.00 \$1,775.00 \$1,775.00 \$1,776.00 \$1,776.00 \$1,776.00 \$1,776.00 \$1,776.00 \$1,776.00 \$1,776.00 \$1,776.00 \$2,000.00 \$2,000.00 \$1,870.00 \$1,870.00 \$1,870.00 \$1,870.00 \$1,000.00 \$3,000.00
X	<u> </u>			\$0.00	\$0.00	\$0.00	\$0.00		Ц
TURES \$0.00 \$0.00 \$0.00 \$8,126.64 \$80,7				80.06	\$0.00	\$0.00	\$0.00		\$1,0
	TURES			\$8,126.64	\$0.00	\$0.00	\$0.00	\$8,1	\$80,1
	CASH ASSETS ROAD FUND								



### New Select Checking \*2012

GENERAL ACCORDE

Balance

\$210,366.79 Available\*\* \$210,366.79

Jul 3 - Aug 1, 2017 30 days

Date	Description	Deposit	Withdrawal	Balance
07/31/2017	Deposit: INTEREST PAYMENT	\$8.91		\$210,366.79
07/31/2017	Check#1871: REGULAR CHECK ANNUAL RENTAL OF PO BOX		\$198.00	\$210,357.88
07/25/2017	Deposit CUSTOMER DEPOSIT IN SUPPLIES PREMIURY	\$2,415.32		\$210,555.88
07/24/2017	Deposit: KY FINANCE KYPAYMENTS City of Druid Hi	\$170.95		\$208,140.56
07/10/2017	Check#1870: REGULAR CHECK		\$546.38	\$207,969.61
07/10/2017	Check #1869: REGULAR CHECK MEMbuship Fee JCLC P		\$100.00	\$208,515.99
07/07/2017	Deposit CUSTOMER DEPOSIT PRINTY TAY	\$175.67		\$208,615.99
07/06/2017	Check #1867: REGULAR CHECK WERENS Comp INS. V		\$611.17	\$208,440.32
07/06/2017	Check#1866: REGULAR CHECK Liability Inc.		\$4,163.00	\$209,051.49
07/06/2017	Check #1868: Waste Management CHECK PYMT SERIAL NUMBER: 1868		\$2,503.00	\$213,214.49
07/05/2017	POS PUR OFFICE DEP - 1060 1001 BRECKENRIDGE L LOUISVILLE KY COPIBS FOR 7/16 HERYTIME V		\$5.09	\$215,717.49
07/03/2017	Check#1865: REGULAR CHECK MAILED 6/22/17 V		\$500.00	\$215,722.58

<sup>\*\*</sup>This balance may include overdraft or line of credit funds.

New Select Checking \*1989 — Jul 3 - Aug 1, 2017 30 days

8/1/2017

New Select Checking \*1989

Jul 3 - Aug 1, 2017 30 days

ROAD FUND

il .

Balance \$5

\$5,143.55

Available\*\*

\$5,143.55

Date	Description	Deposit	Withdrawal	Baiance
107/31/2017	Deposit INTEREST PAYMENT	\$0.21		\$5,143.55
07/17/2017	Deposit KY FINANCE KYPAYMENTS Road Aid MUNICIPAL	\$576.35		\$5,143.34

<sup>\*\*</sup>This balance may include overdraft or line of credit funds.

## KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES (KLCIS)

#### LIABILITY COVERAGE DECLARATIONS

Name of Insured:

City Of Druid Hills

Policy Number:

L5838-2017-15440

Address:

P.O. Box 6777

Louisville, Kentucky 40206

Agent of Record:

KLC Insurance Agency

Coverage Period:

from 7/1/2017 at 12:01a.m. Standard (or Daylight) time to 7/1/2018 at 12:01 a.m.

Standard (or Daylight) time at the mailing address shown above. For purposes of the prior acts coverage endorsement, this policy shall be deemed renewed annually one year from

the initial coverage date.

Subject to all terms of this policy, KLCIS agrees to provide you with coverages shown below for which a premium is shown and you pay to us.

COVERAGE	LIMIT Per Occurrence	DEDUCTIBLE Per Occurrence	PREMIUM 7/1/2017-7/1/2018 Installment
Commercial General Liability	\$1,000,000	\$0	\$2,000.00
Garage Keepers Liability	No Coverage	No Coverage	No Coverage
Public Officials Liability	\$1,000,000	\$0	\$2,000.00
Law Enforcement Liability	No Coverage	No Coverage	No Coverage
Sewer Backup Liability	No Coverage	No Coverage	No Coverage
Business Auto Liability	\$1,000,000	\$0	\$163.00
Auto Physical Damage	No Coverage	No Coverage	\$0.00
TOTAL PREMIUM			\$4,163.00

<sup>\*</sup>In the event of an "Occurrence" or "Accident" which invokes more than one type of coverage under the same or different policies issued by KLCIS, then the liability of KLCIS shall not exceed the highest applicable limit under any one coverage.

### KENTUCKY LEAGUE OF CITIES WORKERS' COMPENSATION TRUST

100 East Vine Street, Suite 800, Lexington, KY 40507-3701 859-977-3700 or 800-876-4552 FEIN 61-1238903

# WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY INFORMATION PAGE CARRIER CODE 36676

Item 1:

City Of Druid Hills

P.O. Box 6777

Louisville, Kentucky 40206

**POLICY #** 

W5838-2017-15298

Federal ID#: 61-6091993

SIC Code: 91310404

Risk ID#:

Locations - All usual workplaces of the insured at or from which operations covered by this policy are conducted are located at the above address unless otherwise stated herein: See attached schedules for location(s).

Item 2:

Policy Period: From 7/1/2017 to 7/1/2018 12:01 A.M. standard time at the Insured's mailing address.

Item 3:

- A. <u>Workers' Compensation Insurance:</u> Part One of the policy applies to the Workers' Compensation Law of the states listed here: Kentucky
- B. <u>Employers' Liability Insurance:</u> Part two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident \$4,000,000 each employee Bodily Injury by Disease \$4,000,000 each employee Bodily Injury by Disease \$4,000,000 policy limit

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states not provided. Coverage provided pursuant to Kentucky Law.
- D. This policy includes these forms, endorsements and schedules: KLCIS-WC-EL'2006, WC 00 03 11, WC 00 04 06

Item 4: The premium for this policy will be determined by our Manuals and Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit:

\*\*See Attached Schedule for Classifications\*\*
INSTALLMENT YEAR: 7/1/2017 - 7/1/2018

Premium Subject to Tax

\$ 575.00

Plus Kentucky Premium Tax (6.29)%

\$ 36.17

**Estimated Annual Total** 

\$ 611.17

Dated Issued: 5/16/2017

From: KLC Workers' Compensation Trust Lexington, KY 40507-3701

